

PEDIATRIC TRAUMA - GENERAL PATIENT CARE

1110

Pediatric Trauma

Basic Life Support

1. Scene evaluation:
 - A. Note potential hazard to rescuers and patient.
 - B. Identify number of patients, organize triage operations, if appropriate.
 - C. Observe patient position and surroundings.
2. Mechanism of injury:
 - A. Cause, precipitating factors, weapons used.
 - B. Trajectories and force involved to patient.
 - C. For vehicular trauma; condition of vehicle, windshield, steering wheel, compartment intrusion, type and use of seatbelts, carseats and use of airbags. Specific description of mechanism, i.e., auto-pole, rollover, auto-pedestrian, etc.
 - D. Helmet use, if motorcycle or bicycle.
3. Patient assessment:
 - A. Determine responsiveness.
 - B. Establish and maintain airway.
 - 1b. Maintain spinal immobilization.
 - 2b. Perform advanced airway techniques as needed [refer to Airway Management Section #200].
 - C. Breathing:
 - 1c. If adequate, administer oxygen 15 LPM via non-rebreather mask.
 - 2c. If inadequate ventilate with 100% oxygen via bag valve mask.
 - D. Circulation:
 - 1d. Control bleeding.
 - 2d. Assess perfusion status.
 - 3d. If amputated part, refer to standing order #803
 - 4d. Splint fractures prn.
 - E. Neurological status:
 - 1e. Determine level of consciousness using AVPU or Pediatric Glasgow Coma Scale.
 - 2e. Check Pupils.
 - F. On-scene time goals:
 - 1f. Non entrapped – 10 minutes or less.
 - 2f. Entrapped – within 5 minutes of extrication.
 - 3f. Request aero medical transport, if indicated.
4. Treatment:
 - A. Infants and toddlers – remove from child safety seat and immobilize.
 - B. Older children – immobilize.
 - C. Transport

PEDIATRIC TRAUMA - GENERAL PATIENT CARE

1110

Advanced Life Support

1. Monitor vital signs, EKG, and Pulse Ox.
2. Identify signs and symptoms of shock.
3. Large bore IV/IO Normal Saline or LR, KVO, if signs and symptoms of shock infuse 20cc/kg and reassess and repeat up to 60cc/kg.
4. Prevent heat loss.
5. If tension pneumothorax present, refer to Standing order #302.
6. Contact MCP for further orders.
7. Consider naso-gastric tube placement if no facial trauma.
8. Consider pain management per Pain Management Standing order #000.
9. Secure and maintain airway with c-spine and spinal immobilization precautions per Standing order #200.

Key Points/Considerations

Consider intubation and ventilation with 100% oxygen for pediatric Glasgow Coma Scale scores less than 8, depending on transport time.

Refer to Section #800 for additional Trauma Standing orders.

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

Page 2 of 2